NATIONAL CITY POLICE DEPARTMENT
ALARM PERMIT APPLICATION
COMMERCIAL

ADOLFO GONZALES
Chief of Police

APPLICANT INFORMATION		ACCOUNT NUMBER	PERMIT NUMBER
Applicant (Business Name)	Alarm Installation Date		

SERVICE ADDRESS (ALARM LOCATION)

Street Address	Unit/Apt/Suite	City	Zip Code

City Of National City Business License Number and Expiration Date:

Any Hazardous materials, dogs or special comments regarding the premises:

BILLING ADDRESS-
☐ Same as service address above
☐ Different- Please complete info

Billing Name   Attention to:

Address

CONTACT INFORMATION #1 (Please list the names of 2 authorized people who can respond in case of alarm activation)

Name/Title	Daytime Phone Number	Nighttime Phone Number

CONTACT INFORMATION   #2

Name/Title	Daytime Phone Number	Nighttime Phone Number

ALARM COMPANY INFORMATION

Company Name	Contact
Address	Phone Number

TYPE OF ALARM SYSTEM: ARE THERE MORE THAN ONE ALARM   DO YOU HAVE SECURITY GUARDS
SYSTEM AT THIS ADDRESS: ON PREMISES:

Burglary	☐ Audible	☐ Silent	YES ☐ NO ☐	YES ☐ NO ☐
Robbery	☐ Audible	☐ Silent	DOES GUARD CO. HAVE KEYS TO PREMISES	
Panic	☐ Audible	☐ Silent	YES ☐ NO ☐	

**PERMITS ARE NOT TRANSFERABLE TO ANOTHER ALARM USER OR ALARM SITE, RENEWABLE EVERY 2 YEARS.
WHEN A CHANGE OCCURS IN THE INFORMATION CONTAINED IN THE APPLICATION, THE PERMITTED SHALL GIVE THE
ALARM ADMINISTRATOR WRITTEN NOTICE OF CHANGES WITHIN 5 WORKING DAYS OF THE DATE THE CHANGE
BECOMES EFFECTIVE.   (INCLUDING MOVING OUT OF LOCATION OR DISCONNECTION OF ALARM SYSTEM)
THE POLICE DEPARTMENT WILL NOT RESPOND TO ANY MORE ALARM ACTIVATIONS AT THAT LOCATION UNTIL PERMIT
HAS BEEN FILED AND PAID. FAILURE TO PAY ALARM FINES WILL RESULT IN AUTOMATIC NON-RESPONSE STATUS.**

**PLEASE RETURN APPLICATION AND $40.00 CHECK PAYABLE TO: CITY OF NATIONAL CITY
Alarm Program Coordinator
1200 National City Blvd
National City CA 91950**

Applicant signature	Date

FOR OFFICE USE ONLY

Permit #	Account #	Check# Amount $
Date Issued	Expiration Date:	Alarm Program Coordinator

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